

**STATE OF NEBRASKA**

Department of Health and Human Services  
Regulation and Licensure - Credentialing Division  
P.O. Box 94986, Lincoln, Nebraska 68509-4986  
402-471-2117

# PSYCHOLOGY APPLICATION PERSONS WHO HAVE AT LEAST 20-YEARS OF LICENSURE TO PRACTICE PSYCHOLOGY IN THE UNITED STATES OR CANADA

Please Type or Print Clearly –

It is your responsibility to submit or request to have submitted all required supporting documents. Failure to do so could result in a delay in processing your application.

**(You must hold a current license as a psychologist in the U.S/Canada which was based on a doctoral degree in Psychology.)**

**SECTION A – DEMOGRAPHIC INFORMATION** (All applicants must complete this section) **(Your name, address, date of birth, and school information is public information and will appear on the internet – [www.hhs.state.ne.us/lis/lisindex.htm](http://www.hhs.state.ne.us/lis/lisindex.htm))**

Applicant's Name:	First	Middle/MI:	Last:
Public Address:	Street/PO/Route		
	City	State	Zip Code
Telephone Number:	# during normal business hours		
Social Security Number: (this is NOT public information and will not be on the Internet) It is required for child support enforcement purposes; and for potential disclosure of reportable actions to the Federal department of Health and Human Service's Healthcare Integrity and Protection Data Bank (HIPDB)			#:
Place of Birth:	City/State/Country	Date of Birth (Month/Day/Year)	

(If your official transcript does not verify your date of birth, submit a copy of birth or marriage certificate, or driver's license, or similar documentation)

**SECTION B – LICENSE INFORMATION** (All applicants must complete this section)

Psychology License Number:		Date of Issuance:	
State or Canadian Providence of Licensure:			
<b>Attachment D1 must be completed by the State or Canadian Providence in which you are licensed.</b>			
Do you have a disability that requires any accommodations for taking the examination?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, an "Accommodation Request" form (ATTACHMENT P) must be completed and submitted by the examination deadline date.			

**FEE:** Determine the month and year in which you are submitting your application by using the chart below. You will note the fee from July to December is a lesser fee; this is due to the statutes which state: "when a credential will expire within 180 days after its initial issuance date, the Department will collect \$25 and the Licensee Assistance Program fee of \$1, and the credential will be valid until the next subsequent renewal date".

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Numbered Year	\$51	\$51	\$51	\$51	\$51	\$51	\$26	\$26	\$26	\$26	\$26	\$26
Odd Numbered Year	\$52	\$52	\$52	\$52	\$52	\$52	\$52	\$52	\$52	\$52	\$52	\$52

**Make payable to: CREDENTIALING DIVISION**

**NOTE: Licenses expire January 1<sup>st</sup> of odd years**

**SECTION C - EDUCATION:** All applicants must complete this section and submit or cause to be submitted an Official Transcript of a Doctoral Degree in Psychology ***sent directly from the institution to the Credentialing Division.***

**YOUR TRANSCRIPT MUST BE** (address on page 1 of application)

1	Last Name on Transcript:	Name:		
2	Institution Name:			
3	Institution Address:	Street/PO/Route:		
		City:	State:	Zip:
4	Graduation Information:	Date (month/day/year):	Degree:	Major:

**SECTION C - EMPLOYMENT:** All applicants must complete this section

Employment Site:	Name:		
Address:	Street/PO/Route:		
	City:	State:	Zip:
Dates Employed:	From (month/day/year):	To (month/day/year):	
Telephone Number:	#:		
Employment Site:	Name:		
Address:	Street/PO/Route:		
	City:	State:	Zip:
Dates Employed:	From (month/day/year):	To (month/day/year):	
Telephone Number:	#:		
Employment Site:	Name:		
Address:	Street/PO/Route:		
	City:	State:	Zip:
Dates Employed:	From (month/day/year):	To (month/day/year):	
Telephone Number:	#:		

If additional space is needed, please attach an addendum.

<b>SECTION D – CONVICTION INFORMATION/OTHER STATE LICENSURE:</b> All applicants must complete this section					
Questions	Yes	No	Type of Crime or Licensure Action	Date of Action	Name of Court (City/County/State) or Entity taking Action
Have you ever been convicted of a misdemeanor or felony?	<input type="checkbox"/>	<input type="checkbox"/>			

If you answered YES to any of the questions above, you must request the following documents be sent directly to this office:

- Official Court Record, which includes charges and disposition
- Arrest Records
- All addiction/mental health evaluations (if the conviction involved a drug and/or alcohol related offense)
- If you are/were on probation, a letter from your probation officer referencing your probationary progress or date of release
- A letter from the applicant explaining the nature of the conviction

Questions	Yes	No		
Are you licensed or certified in another state?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what State are you licensed in?	
Have you ever surrendered your license or certification?	<input type="checkbox"/>	<input type="checkbox"/>	What type of license do you hold?	
			Type of Licensure Action	Date of Action
			Name of Entity taking Action	
Has action been taken to suspend or revoke your license or certification?	<input type="checkbox"/>	<input type="checkbox"/>	Type of Licensure Action	Date of Action
			Name of Entity taking Action	

If you answered YES to any of the questions above, you must request the following documents be sent directly to this office:

- Official Documents from the State Board in which the disciplinary action was taken
- Certification of your license/certificate in another state (Attachment A4).

<b>SECTION E - ATTESTATION</b> (All applicants must complete this section of the application)
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I hereby state that I am the person making application, I am of good moral character, and the statements on this application are true and complete.

I further state that:

☐ I have not practiced Psychology in Nebraska without a license prior to this application for licensure; **or**

☐ I have practiced Psychology in Nebraska without a license prior to this application for licensure:

\_\_\_\_\_ number of days in Nebraska prior to July 1, 2004

\_\_\_\_\_ number of days in Nebraska after July 1, 2004

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_ date



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DEPARTMENT OF HEALTH AND HUMAN SERVICES

REGULATION AND LICENSURE

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ATTACHMENT D1

**TWENTY YEARS OF LICENSURE**  
**CERTIFICATION OF PSYCHOLOGY LICENSURE**

*(Must be completed by certifying/licensing agency)*

(Print or Type)

Our records indicate that \_\_\_\_\_ was licensed as a Psychologist on

\_\_\_\_\_ and was issued license number \_\_\_\_\_ such license expires \_\_\_\_\_.

Was the license issued on the basis of a doctoral degree in psychology? ☐ yes ☐ no

It is further verified that based on the records in this Department, the applicant's license has:

a) been suspended, ☐ yes ☐ no

b) been revoked, ☐ yes ☐ no

If yes to any of these questions,

please explain: \_\_\_\_\_

and has been maintained in good standing up to and including the present date, yes ☐ no ☐ and that so far as the records of this

agency are concerned, the applicant is entitled to the endorsement of this agency.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature (No Stamp)

\_\_\_\_\_  
Name and Title

OPTIONAL:

Telephone Number: \_\_\_\_\_

Area Code

\_\_\_\_\_  
Licensing Agency

\_\_\_\_\_  
Address

(S E A L)

\_\_\_\_\_  
City/State/Zip Code